



PATENT
Atty. Docket No. BSC-164

SEP 16 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Li *et al.*

SERIAL NUMBER: 09/813,780 GROUP NUMBER: 1615

FILING DATE: March 21, 2001 EXAMINER: Ware, Todd

TITLE: CONTROLLING RESORPTION OF BIORESORBABLE MEDICAL IMPLANT MATERIAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

After the Amendment mailed on August 19, 2003 is entered, please enter this Amendment. Applicants believe that the Amendment mailed on August 19, 2003 is fully responsive to the Office action mailed on May 20, 2003, and that no extension or fee is due to have the present Amendment entered.

Please enter the following amendments.



PATENT
Attorney Docket No. BSC-164

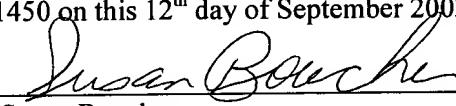
PATENT
TECH CENTER 1600/2000
SEP 16 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Li et al.
SERIAL NO.: 09/813,780 GROUP NO.: 1615
FILING DATE: March 21, 2001 EXAMINER: Ware, Todd D.
TITLE: Controlling Resorption of Bioresorbable Medical Implant Material

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Non-Fee Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 12th day of September 2003.



Susan Boucher

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

Transmittal Form (1 page);
Amendment (10 pages); and
Return-Receipt Postcard

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TRANSMITTAL FORM

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	Application Serial Number	09/813,780
	Filing Date	March 21, 2001
	First Named Inventor	Li
	Group Art Unit	1615
	Examiner Name	Ware, Todd
	Attorney Docket No.	BSC-164
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

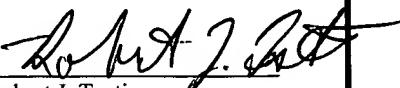
<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

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SIGNATURE BLOCK

Respectfully submitted,


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